

## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

	(Type of FI	int Oldariy)		
PART I LOBBYIST				
NAME(Last)	(First)	(Middle)	TELEPHONE	
RADCLIFFE	JOHN	H.	808/531-4551	
MAILING ADDRESS (Street)			FAX	
222 SOUTH VINEYARD STREET	808/533-4601			
(City)	(State)	The state of the s	(Zip Code)	
HONOLULU	HAWAII	96	96813-2453	
EMPLOYING ORGANIZATION (Fill	by) TELEPHONE			
CAPITOL CONSULTANTS OF HA	808/531-4551			
MAILING ADDRESS (Street)	FAX			
222 SOUTH VINEYARD STREET	808/533-4601			
(City)	(State)		(Zip Code)	
HONOLULU	HAWAII	9	6813-2453	

PART II ORGANIZATIO	)N		
NAME OF ORGANIZATION YOU	TELEPHONE 916-448-2581		
AMERICAN CHEMISTRY COUN			
MAILING ADDRESS (Street)	FAX 916-442-2449		
1121 L STREET, SUITE 910			
(City)	(State)	(Zip Code)	
SACRAMENTO	CA	95814	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE 808-531-4551	
MELODY BUTAY DACANAY			
MAILING ADDRESS (Street)	FAX 808-533-4601		
222 SOUTH VINEYARD STREE	ET, SUITE 401		

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• City)	(State)	(Zip Coo	(Zip Code)	
HONOLULU	HI	HI 96813-2453		
PART III DESCRIPTION	OF SUBJECTS UPON WHIC	H YOU EXPECT TO LOBBY		
[ ] Agriculture	[ ] Education	[ ] Human Services	[ ] Science, Technology & Economic Development	
[ ] Communications & Public Utilities	[ ] Government Operations & Finance	[ ] Intergovernmental Relations, International Affairs	[ ] Tourism & Recreation	
[ ] Consumer Protection & Commerce	[ ] Hawaiian Affairs	[ ] Labor & Employment	[ ] Transportation	
[ ] Culture, Arts, Historic Preservation	[ ] Health	[ ] Planning, Land & Water Use Management	[ ] Other: (indicate below)	
[X] Ecology, Energy Environmental Protection	[X] Housing	[ ] Public Safety & Corrections		
	ON OF LOBBYIST			
I hereby certify that the	$\times 1 \times 1$	is, to the best of my knowledge		
(Signature of Lobbyist) 29 May 200 (Date)				
			(Dato)	
PART V AUTHORIZATION	ON TO LOBBY			
NAME		TITLE OF AUTHORIZING OFFICE	ER OR PERSON REPRESENTED	
TIM SHESTEK	Di	RECTOR, STATE + LOCAL	PUBLIC AFRAIRS	
NAME OF ORGANIZATION (if ap			ELEPHONE 916-448-2581	
AMERICAN CHEMISTRY COUN	CIL			
MAILING ADDRESS (Street)		F	AX 916-442-2449	
1121   STREET SHITE 010				

(Zip Code)

95814

(Date)

(State)

CA

(Signature of Authorizing Officer or Person Represented)

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(City)

SACRAMENTO